

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031898

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 248Primary Registration District No. 5844Registrar's No. 10

FILED SEP 4 1962

## 1. PLACE OF DEATH

a. COUNTY

Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

~~Seneca Twp~~ Seneca Twp

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

12 mi's so, Joplin Hiway 13

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jasper

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Joplin

d. STREET ADDRESS

(If outside, give location)

2011 Bird

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Barney

M

Hardy

## 4. DATE OF DEATH

Month

Day

Year

8

28

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-4-1898

## 9. AGE (last birthday)

64

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Truck Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Kemp, Texas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Benj. Lee Hardy

## 13b. MOTHER'S MAIDEN NAME

Sarah E. Tate

## 14. NAME OF HUSBAND OR WIFE

Hazel M. Hardy (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Barney M. Hardy, Jr. Dallas Texas

18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Skull Fracture, Multiple injuries

## INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) Head on Automobile Collision

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Two Automobiles collided head on

## 20c. TIME OF INJURY

Hour

X am

p.m.

Month, Day, Year

8-28-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

On Hwy. # 13

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

4 Miles North of Seneca, Newton, Missouri

21. I attended the deceased from did not attend, to her and last saw him alive on                     Death occurred at 12:15 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Coroner, Newton  
Co., Mo.

## 22b. ADDRESS

118 W. Main St., Neosho, Mo.

## 22c. DATE SIGNED

8-28-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

8-30-62

## 23c. NAME OF CEMETERY OR CREMATORY

Ozark Memorial

## 23d. LOCATION (City, town, or county)

Joplin,

## (State)

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Hurlbut-Glover Mortuary, Joplin, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-30-1962

## 26. REGISTRAR'S SIGNATURE

Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10730

20449

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11073

1291-3

135-0

SEP 25 1962

SEP 6 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George L. May

Licensed Embalmer No. 5175

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.